



FACILITY USE APPLICATION

PARKS, RECREATION & FACILITIES
HAVERT L. FENN CENTER

Applicant /Organization Name: _____

If Non-profit, please attach proof. If tax exempt, indicate ID Number _____

Address: _____

Authorized Contact Person: _____ Title: _____

Phone: Primary (____) _____ Cell (____) _____ Alternate(____) _____

Email: _____ Fax: _____

Event Name/Description: _____

Requested Event Date(s) _____ Event Begins: _____ ☐ AM ☐ PM Ends: _____ ☐ AM ☐ PM

Room(s) Requested: _____ See Schedule of Fees and Building Plan

Est. time for Load In/Set-up _____ Hours Estimated time for Load Out/Clean up _____ Hours

Total No. of Hours Requested, including Load in/Load out _____ Hours Total No. of Staff & Attendees _____

Open to the General Public ☐ Yes ☐ No Ticket Sales/Admission Fee?: ☐ Yes ☐ No

Purpose of Event: Business/For Profit ☐ Personal ☐ Non-Profit/Govt. ☐ Fundraiser ☐ Other ☐ _____

If Fundraiser, indicate Recipient: _____

Food/Drink Served? ☐ Yes ☐ No If Yes, is the event to be catered? ☐ Yes ☐ No

Please note that concessions (drinks, snacks, etc.) are provided exclusively by the St. Lucie County contractor.

Alcohol Served? ☐ Yes ☐ No *Please note that alcohol is provided exclusively by the St. Lucie County contractor.*

Requested Set Up: Banquet ☐ Theater ☐ Classroom w/ tables ☐ Stage ☐ Dance floor ☐

Equipment Needed? ☐ No If yes, indicates required items below. There are additional charges for equipment listed below.

☐ Tables – 8' Round or Rectangle

☐ Stage (4' x 8' per section)

☐ PA system

☐ Tables – Conference (6'x2')

☐ Small Stage (4'x8')

☐ LCD Projector

☐ Chairs – Padded

☐ Pipe & Drape

☐ Screen

☐ Chair covers (white)

☐ White Board/Touch Screen

☐ Portable PA system

☐ Chairs – Plastic folding

☐ Podium (w/ microphone)

☐ Internet connection

☐ Table skirting (black or white)

☐ Easels

☐ TV/DVD Player

☐ Dance Floor (18'x18')

☐ Bleachers

☐ Scorer's Table

Items not listed will be the responsibility of the Lessee to provide.

How did you hear about the facility: ☐ Newsletter/Magazine ☐ Friend/Family Referral ☐ Other, please list _____

I understand that use is not reserved until the Signed Agreement with 50% deposit, Certificate of Insurance in name of Organization and naming St. Lucie County as an additional insured, Required Licenses and Permits for vendors, caterers, etc. and Payment in Full is submitted no less than 30 days prior to event.

Signature of Applicant: _____ Date: _____

Signature of Employee Processing Application _____

Date: _____